



Send or Fax to:
ADHS Infectious Disease Epidemiology
150 North 18th Ave, Suite 140
Phoenix, Arizona 85007-3237
(602) 364-3199 Fax

Outbreak Name:
eFORS ID: _____

Part of National Outbreak? ☐ Yes

Epi-linked to confirmed case? ☐ Yes MEDSISID _____

SALMONELLOSIS

PATIENT INFORMATION
Or Attach CDR

MEDSIS Case No: _____

County: _____

☐ Confirmed ☐ Probable
☐ Ruled Out ☐ Lost to follow up

REPORT SOURCE

Initial report date: _____

Reporter: _____

Reporter org.: _____

Reporter phone: _____

Provider name: _____

Provider org.: _____

Provider phone: _____

Name (last, first) _____

Street address _____

City _____ State _____ Zip _____

Mailing address _____

Phone _____ Alt. Phone _____

Occupation/school grade: _____

Employer/school/other: _____

Alt. contact _____ Phone _____

☐ Parent/guardian ☐ Spouse ☐ Other _____

 Birthdate ____ / ____ / ____ or age ____ Sex: ☐ Male ☐ Female ☐ Unknown/Other

 Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown
 Race: ☐ White ☐ African American ☐ Native Hawaiian/Pac Islander
☐ Asian ☐ Amer Indian / AK Native ☐ Other _____

CLINICAL INFORMATION
The next section asks about specific symptoms that you may or may not have experienced during your illness
Onset date: ____ / ____ / ____ ☐ Unknown **Diagnosis date:** ____ / ____ / ____ **Illness duration:** ____ days ☐ Ongoing

Signs and Symptoms
First Symptom: ☐ Diarrhea ☐ Nausea/Vomiting
 Onset: ____:____ am/pm on ____ / ____ / ____

Y N DK NA
☐ ☐ ☐ ☐ Diarrhea (>3 loose stools)
 Onset: ____:____ am/pm on ____ / ____ / ____
 _____ Number of days with >3 loose stools
 _____ Average number of episodes in 24 hours
☐ Bloody ☐ Watery ☐ Mucousy
☐ ☐ ☐ ☐ Fever (highest: ____°F on ____ / ____ / ____)
☐ ☐ ☐ ☐ Nausea
☐ ☐ ☐ ☐ Vomiting
☐ ☐ ☐ ☐ Abdominal pain
☐ ☐ ☐ ☐ Headache

☐ ☐ ☐ ☐ Treated with antibiotics for this illness?
 Type: _____

Other symptoms/chronic medical conditions: _____

Hospitalization
Y N DK NA
☐ ☐ ☐ ☐ Hospitalized ☐ ED only

Hospital: _____

Admit date ____ / ____ / ____ Discharge date ____ / ____ / ____

Laboratory—Clinical Specimen

Specimen Type: _____ Collected ____ / ____ / ____

Attach lab results if reporting to ADHS
P N DK NT

 Results: ☐ ☐ ☐ ☐ Serotype: _____

State Lab ID: _____

Laboratory—Environmental Specimen(s)

Sample Type: _____ Collected ____ / ____ / ____

P N DK NT

 Results: ☐ ☐ ☐ ☐ Serotype: _____

Sample Type: _____ Collected ____ / ____ / ____

P N DK NT

 Results: ☐ ☐ ☐ ☐ Serotype: _____

Y=Yes

N=No/Negative

DK=Don't Know

 NA=Not Asked/
Not Answered

P=Positive

 UF/UE=Usually
Frequent/Eat

O=Other/Unknown

NT=Not Tested

EPIDEMIOLOGICAL INFORMATION

TRAVEL

I am now going to ask you some questions about your travel history that may be important during the **seven** days prior to your illness**Y N DK NA In the week prior to your illness onset, did you travel outside the county?**☐ ☐ ☐ ☐ If Yes:**From Where****To Where****Dates of Travel****Hotel/Resort/Other**

1. _____ to _____/____/____ to _____/____/____

Airline: _____ Flight#: _____ Foods Eaten: _____

2. _____ to _____/____/____ to _____/____/____

Airline: _____ Flight#: _____ Foods Eaten: _____

FOOD HISTORY

I am now going to ask you some questions about your food history that may be important during the **seven** days prior to your illness.
(If they can not recall where they ate/shopped then ask what establishments they usually frequent or what they usually eat)**Y N DK UF In the week prior, did you eat food from a: Name, location, date & foods eaten:**

- ☐ ☐ ☐ ☐ Restaurant _____
- ☐ ☐ ☐ ☐ Fast food establishment _____
- ☐ ☐ ☐ ☐ Cafeteria _____
- ☐ ☐ ☐ ☐ Deli _____
- ☐ ☐ ☐ ☐ Street vendor _____
- ☐ ☐ ☐ ☐ Concession stand at an event _____
- ☐ ☐ ☐ ☐ Snack bar _____
- ☐ ☐ ☐ ☐ Gas station/convenience store _____
- ☐ ☐ ☐ ☐ Grocery store _____
- ☐ ☐ ☐ ☐ Ready-to-eat food served in a grocery store _____
- ☐ ☐ ☐ ☐ Other store/establishment (coffee house, bar, etc) _____
- ☐ ☐ ☐ ☐ Social gathering where food was served _____

Y N DK UE Did you consume any of the following: Brand, purchase location, & date:

- ☐ ☐ ☐ ☐ Ground beef ☐ Undercooked/Raw _____
- ☐ ☐ ☐ ☐ Handled raw Ground Beef? _____
- ☐ ☐ ☐ ☐ Poultry ☐ Undercooked/Raw _____
- ☐ ☐ ☐ ☐ Handled raw Poultry? _____
- ☐ ☐ ☐ ☐ Other meats ☐ Undercooked/Raw _____
- ☐ ☐ ☐ ☐ Eggs ☐ Undercooked/Raw _____
- ☐ ☐ ☐ ☐ Unpasteurized milk/dairy products _____
- ☐ ☐ ☐ ☐ Queso fresco _____
- ☐ ☐ ☐ ☐ Tomatoes _____
- ☐ ☐ ☐ ☐ Fresh salsa _____
- ☐ ☐ ☐ ☐ Cilantro _____
- ☐ ☐ ☐ ☐ Sprouts (alfalfa, mung bean, etc.) _____
- ☐ ☐ ☐ ☐ Lettuce, spinach or other leafy green _____
- ☐ ☐ ☐ ☐ Other raw vegetables _____
- ☐ ☐ ☐ ☐ Cantaloupe _____
- ☐ ☐ ☐ ☐ Other raw fruit _____
- ☐ ☐ ☐ ☐ Unpasteurized juice/cider _____
- ☐ ☐ ☐ ☐ Peanut butter _____
- ☐ ☐ ☐ ☐ Raw nuts _____
- ☐ ☐ ☐ ☐ Raw or untreated water _____
- Home water source: ☐ Municipal ☐ Well

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SALMONELLOSIS		Name (Last, First) _____	
<p>List location of each meal and foods eaten within FIVE days before onset of symptoms. For the food history, please try to answer based upon what you remember eating the 5 days prior to becoming ill, and if you cannot remember, answer based upon what foods you typically would have eaten during that time period. (Interviewer: please remember to also ask about additional food items such as toppings, condiments, sides, beverages and snacks)</p>			
FIVE-DAY FOOD HISTORY, DAY OF ILLNESS ONSET*			DATE*: ____ / ____ / ____ DAY: _____
Meal/Time	Foods/Beverages Consumed	Location	Meal Companions
Breakfast Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ <i>(specify: i.e. friends, restaurant, etc)</i>	
Lunch Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ <i>(specify: i.e. friends, restaurant, etc)</i>	
Dinner Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ <i>(specify: i.e. friends, restaurant, etc)</i>	
Other/Snacks Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ <i>(specify: i.e. friends, restaurant, etc)</i>	
DAY ONE PRIOR TO ILLNESS ONSET			DATE: ____ / ____ / ____ DAY: _____
Meal/Time	Foods/Beverages Consumed	Location	Meal Companions
Breakfast Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ <i>(specify: i.e. friends, restaurant, etc)</i>	
Lunch Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ <i>(specify: i.e. friends, restaurant, etc)</i>	
Dinner Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ <i>(specify: i.e. friends, restaurant, etc)</i>	
Other/Snacks Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ <i>(specify: i.e. friends, restaurant, etc)</i>	
DAY TWO PRIOR TO ILLNESS ONSET			DATE: ____ / ____ / ____ DAY: _____
Meal/Time	Foods/Beverages Consumed	Location	Meal Companions
Breakfast Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ <i>(specify: i.e. friends, restaurant, etc)</i>	
Lunch Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ <i>(specify: i.e. friends, restaurant, etc)</i>	
Dinner Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ <i>(specify: i.e. friends, restaurant, etc)</i>	
Other/Snacks Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ <i>(specify: i.e. friends, restaurant, etc)</i>	

* If symptom onset is earlier than 12:00 noon, start the food history on the day prior

SALMONELLOSIS		Name (Last, First) _____	
DAY THREE PRIOR TO ILLNESS ONSET			DATE: ____ / ____ / ____ DAY: _____
Meal/Time	Foods/Beverages Consumed	Location	Meal Companions
Breakfast Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ (specify: i.e. friends, restaurant, etc)	
Lunch Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ (specify: i.e. friends, restaurant, etc)	
Dinner Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ (specify: i.e. friends, restaurant, etc)	
Other/Snacks Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ (specify: i.e. friends, restaurant, etc)	
DAY FOUR PRIOR TO ILLNESS ONSET			DATE: ____ / ____ / ____ DAY: _____
Meal/Time	Foods/Beverages Consumed	Location	Meal Companions
Breakfast Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ (specify: i.e. friends, restaurant, etc)	
Lunch Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ (specify: i.e. friends, restaurant, etc)	
Dinner Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ (specify: i.e. friends, restaurant, etc)	
Other/Snacks Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ (specify: i.e. friends, restaurant, etc)	
DAY FIVE PRIOR TO ILLNESS ONSET			DATE: ____ / ____ / ____ DAY: _____
Meal/Time	Foods/Beverages Consumed	Location	Meal Companions
Breakfast Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ (specify: i.e. friends, restaurant, etc)	
Lunch Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ (specify: i.e. friends, restaurant, etc)	
Dinner Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ (specify: i.e. friends, restaurant, etc)	
Other/Snacks Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Home <input type="checkbox"/> Outside _____ (specify: i.e. friends, restaurant, etc)	

SALMONELLOSIS

Name (Last, First) _____

*I am now going to ask you some questions about animal exposures as well as some miscellaneous questions about additional exposures that may be important during the **seven** days prior to your illness onset.*

ANIMAL EXPOSURE INFORMATION**Y N DK NA**

- ☐ ☐ ☐ ☐ Work/Live on Farm/Dairy/Ranch?
- ☐ ☐ ☐ ☐ Any contact w/animals or animal products?
- ☐ ☐ ☐ ☐ Do you own a pet?
- ☐ ☐ ☐ ☐ Was your pet sick?
- ☐ ☐ ☐ ☐ Visit a Zoo/Farm/Fair/Pet shop?
- ☐ ☐ ☐ ☐ Bird/Duck/Baby Chick exposure?
- ☐ ☐ ☐ ☐ Reptile/Amphibian exposure? (i.e. turtles, iguanas, snakes, frogs, etc)
- ☐ ☐ ☐ ☐ Exotic Animals?
- ☐ ☐ ☐ ☐ Other animal exposure?

Specify:

ADDITIONAL EXPOSURE INFORMATION**Sensitive Occupations:****Y N DK NA**

- ☐ ☐ ☐ ☐ Employed as food handler (work or volunteer)
- ☐ ☐ ☐ ☐ Did you prepare food for others? (i.e. friends, family, etc)
- ☐ ☐ ☐ ☐ Employed in or attends child care or preschool
- ☐ ☐ ☐ ☐ Employed as a healthcare worker
- ☐ ☐ ☐ ☐ Do any household contacts work in above occupations?
- ☐ ☐ ☐ ☐ Contact with diapered/incontinent child/adult
- ☐ ☐ ☐ ☐ Do you know anyone else with similar symptoms/illness?

Miscellaneous:

Did you visit, swim or have contact with water at...

☐ River ☐ Lake ☐ Pond ☐ Community Pool**Y N DK NA**☐ ☐ ☐ ☐ On antibiotics at any time in the month prior to illness?

Date and Type: _____

☐ ☐ ☐ ☐ Take any antacids in month prior to illness?

Any Other Exposures of Interest? _____

FOR PUBLIC HEALTH DEPARTMENT USE ONLY

How was person likely exposed?

- ☐ Food ☐ Water ☐ Person ☐ Animal
- ☐ Environmental ☐ Unknown

Where did the exposure likely occur? _____

- ☐ No risk factors/exposures could be identified
- ☐ Patient could not be interviewed/LTF
- ☐ Case is part of known outbreak

Outbreak Name: _____

eFORS/NORS ID: _____

- ☐
- Epi-linked to confirmed case?

MEDISIS ID of confirmed case: _____

ACTIONS TAKEN:

- ☐ Education provided to case/contacts/facilities
- ☐ Initiate trace-back investigation
- ☐ Case excluded from sensitive occupation/establishment
- ☐ Follow-up on contacts who may have been exposed
- ☐ Symptomatic contacts excluded from sensitive occupation/establishment
- ☐ Environmental health notified
- ☐ Establishment/Childcare inspected (Date: ____/____/____)
- ☐ Other: _____
-

NOTES**INVESTIGATOR(S):** _____ **DATE:** ____/____/____ **DATE CLOSED:** ____/____/____

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